

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088 RECEIVED  
Santa Fe, New Mexico 87504-2088

JUN - 6 '94

WELL API NO.

30-015-27092

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

VB-0142

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

Pogo Producing Company

3. Address of Operator

P. O. Box 10340, Midland, TX 79702-7340

4. Well Location

Unit Letter J : 1982 Feet From The South Line and 1961 Feet From The East Line

Section 16 Township 24S Range 29E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

2917' GL

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

4/12/94 Set RBP @ 7516'. Perf 5-1/2" casing 6521'-6568' (94 - .50" dia holes)

4/21/94 Acidize perfs 6521'-6568' w/ 1000 gals 7-1/2% HCl. Frac w/ 48,900 gals X/L gel + 52,770# 16/30 sand.

4/25/94 Run rods and pump. Put well on production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE Senior Operations Engineer DATE June 3, 1994

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY SUPERVISOR, DISTRICT II TITLE \_\_\_\_\_ DATE JUN 29 1994

CONDITIONS OF APPROVAL, IF ANY: